

C of C#

C of C Date:

IH Survey#

Ship To:

PO#:

Field Sample Number(s)						Sample Date:	Analyze For:	Priority Turnaround 24 hr/ 48 hr/ 72 hr/ Standard	Air Samples Air Vol. (L)	Bulk Samples Surface Area
BLDG#	MM	DD	YY	Analyte	###					

Relinquished By: (Signature)	Date:	Time:	Received By: (Signature)	Date:	Time:
Sampler:		→	To Submitter:		
Submitter to SHSD:		→	Accepted at SHSD:		
Submitter to Shipping:		→	At BNL Shipping: <i>(Sealed custody bag)</i>	n/a	n/a
Sent from BNL Shipping: <i>(Sealed custody bag)</i>	n/a	n/a →	At Analytical Lab: (sign only if custody seal intact)		

BROOKHAVEN NATIONAL LABORATORY
SAFETY AND HEALTH SERVICES DIVISION INDUSTRIAL HYGIENE GROUP

LABORATORY COST AUTHORIZATION (LCA)

IH51300 Attachment 9.3

LCA#:	LCA Date:	IH Service Task Tracking#
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IH Service Rep/ Responsible Person:	Contact Info Phone: Mail:
Project Description	
Organization	Building/Area

Chain of Custody#	Analyze For:	Number of Samples	Cost per Sample	Priority Analysis Surcharge \$	Line Estimated Cost \$ (not to exceed)

Total Cost not to exceed \$	Accounting Project#	Accounting Activity#
Analysis Charge Authorization (Print Name):	Signature:	Date: